



MONTGOMERY COUNTY GOVERNMENT
 P.O. Box 368
 1 Millennium Plaza
 Clarksville, TN 37040

**AUTHORIZATION AGREEMENT
 FOR
 PAYROLL DIRECT DEPOSIT**

Name: _____ Social Security #: _____ EE ID#: _____

Telephone: _____ Pay Frequency: **Bi-Weekly** Effective Date: _____ Type of Request: **NEW** **CHANGE**
 (Please circle one)

I authorize the deposit of my Montgomery County Payroll Check/Earnings into my Bank Account(s) as indicated below. I understand that I must complete a new direct deposit authorization to stop direct deposit before I close the indicated bank account(s). Failure to notify the Payroll Office of a closed account may result in a delayed receipt of earnings.

TYPE OF ACCOUNT:

	BANK ROUTING #	DEPOSIT PRIORITY:	ACCOUNT #:	DIRECT DEPOSIT AMOUNT:
<input type="checkbox"/> CHECKING	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> SAVING	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> OTHER	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> OTHER	_____	<input type="checkbox"/>	_____	_____

You may split your Direct Deposit into a maximum of four (4) accounts (EXAMPLE: 2 checking/2 savings or 1checking/3 savings). Also, you must indicate the priority, or order, in which your deposit will be handled if you elect more than one account. The lowest priority account will be credited with the remaining deposit if for any reason the elected deposit exceeds the actual deposit.

PLEASE NOTE THAT THERE IS A ONE PAY PERIOD DELAY FOR NEW ACCOUNT OR CHANGES TO EXISTING ACCOUNTS. THIS IS DUE TO A WIRE TRANSFER TESTING PERIOD MANDATED BY THE AUTOMATED CLEARING HOUSE THAT PROCESSES THE TRANSACTIONS.

This authorization should remain in force until I cancel it or until I terminate my employment with Montgomery County. I understand that any change to this authorization will be processed for the next earliest pay period. Montgomery County reserves the right to recall any deposit improperly created and deposited to my account for any reason I agree that my bank may honor any recall requests made by Montgomery County and hereby absolve Montgomery County from any and all liability that either institution might incur as a result of such a recall by Montgomery County for any cause.

 Signature Date

**ATTACH VOIDED PRE-PRINTED CHECK
 FOR CHECKING ACCOUNT DEPOSITS**

OR

CONTACT BANK FOR SAVINGS ACCOUNT ROUTING NUMBER

Payroll eeDDForm 061219

**DIRECT DEPOSIT
 CANCELLATION REQUEST**

I hereby request cancellation of the
 Direct Deposit authorization as stated above

 Signature Date